



ARTS PROJECT GRANT PROGRAM

FINAL REPORT

TO COMPLETE THIS FINAL REPORT

- Download and save this PDF before editing and prior to submitting.
 - To submit Final Report, click on the "Submit" button on the lower left corner of the last page.
 - To submit the required acknowledgement information, email material to michaelm@bloomington.i.gov.
- This report and any required material should be submitted no later than 30 days after project completion.

Organization _____

Address _____

Zip code _____ Phone number(s) _____

Email _____

Title of Project: _____

Project Manager: _____

Project/activity dates: Beginning date _____ Ending date _____

Total Arts Project Grant award: \$ _____ Total project cost: \$ _____

Total number of artists involved in the project (please include all artists whether compensated or not): _____

Total attendance for the project: _____

Total number of volunteers (not including artists or staff) to be involved in the project: _____

List the **three projected outcomes** from your proposal and how each outcome was achieved and measured.

Describe how the project demonstrated artistic quality.

Describe the community impact of the project.

Describe specifically how Arts Project Grant Program funding impacted the project.

Describe how the project was promoted.

Send as a separate attachment to michaelm@bloomington.in.gov an example of project materials that acknowledge BAC funding (REQUIRED).

Send as a separate attachment to michaelm@bloomington.in.gov images, posters, programs that illustrate your project (OPTIONAL).

FINANCIAL INFORMATION

INCOME SUMMARY	
REVENUE	
1. Admissions	\$
2. Contracted Services	\$
3. Other Revenue	\$
DONATIONS & GRANTS	
4. Corporate support	\$
5. Foundation support	\$
6. Other private support	\$
7. Government support	\$
7a. Federal	\$
7b. State	\$
OTHER INCOME	
8. Applicant cash	\$
9. Other (specify)	\$
10. Total in-kind contributions	\$
11. Arts Project Grant Funds	\$
TOTAL PROJECT INCOME (add lines 1-11)	\$
EXPENSE SUMMARY	
EXPENSE CATEGORY	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9. Total in-kind expenses	\$
TOTAL PROJECT EXPENDITURES (add lines 1-9)	\$

CERTIFICATION

In signing this document, I certify to the best of my knowledge that all facts presented in this final report are true. In addition, I certify that all funding provided by the City of Bloomington Arts Commission was use in accordance to the Commission's Arts Project Grant program guidelines.

Signature

Date